



**UNIVERSITI PUTRA MALAYSIA**

**ASSIMILATION, PSYCHOLOGICAL DISTRESS, AND FAMILY  
FUNCTIONING AMONG IRANIAN IMMIGRANT FAMILIES IN  
MANCHESTER, ENGLAND**

**MANDANA ALEMI**

**FPP 2010 17**

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MANCHESTER, ENGLAND**

**By**

**MANDANA ALEMI**

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia,  
in Fulfillment of the Requirements for the Degree of Doctor of Philosophy**

**October 2010**



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

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MANCHESTER, BRITAIN**

**By**

**MANDANA ALEMI**

**October 2010**

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**Faculty: Educational Studies**

Emigration from one country to another with different cultural conditions involves a great risk for an immigration crisis that can lead to great strain and stress, which in turn affects family life negatively. Immigration places immigrant families in a new situation in which values, norms, experiences, and roles are questioned and in which family members come into conflict with one another. In order to survive in the new situation, families may strive toward a harmonious existence within the host society. As social system and values differ across countries, the process of assimilation is always needed. Based on the problems mentioned, this study attempted to elicit the process of assimilation, to investigate the psychological distress, and to explore the patterns of family functioning among Iranian immigrant families in Manchester, Britain.

The design of this study was mixed-methods with qualitative and descriptive methods that comprised the clinical interview and survey. The sampling design was purposive

with snowball method. The sample consisted of 30 Iranian immigrant families with an adolescent residing in Manchester, Britain who volunteered to participate. Three Assimilation Indices (Cochrane, 1993) measured the level of assimilation and General Health Questionnaire (Goldberg & Hiller, 1979) assessed the psychological distress. Standardized Clinical Family Interview (Kinston & Loader, 1984) was utilized to elicit the patterns of family functioning and to compare the patterns of family functioning between healthy and distressed families. A model for assimilation and patterns of family functioning among families, as well as in each assimilation strategy was finally developed.

Descriptive analyses showed that daughters were the ones who assimilated more and mothers less among family members. There was a higher assimilation level in healthy family members than in distressed ones, and higher psychosomatic disorders in females than in males. Healthy families in comparison with distressed families showed fewer conflicts, more cohesion and adaptability, open communication, more satisfaction with marital and parent-adolescent relationships, more flexibility in family roles, more power sharing and consistency in child rearing between parents, and more congruency with the environment. Regarding the interaction of family functioning and assimilation, low-assimilated families showed more cohesion, parental consistency in child rearing, religious attitudes, relationship with the relatives and problems related to immigration, compared to high-assimilated families. On the other hand, high-assimilated families showed more flexibility in family roles, relationship with the host society, and congruency in values with those of the environment.

Examining the mode of assimilation among families, three different models emerged. Half of migrant families chose *Bi-Cultural* strategy in response to the new society; others followed a *separation* and *marginalization strategies*. The patterns of family functioning in each model were developed.

It can be concluded that the family strengths, which are the characteristics of healthy families, can help migrated families cope successfully with their new life situation. Iranian mothers in this study were increasingly gaining more power in family functions and Iranian fathers had not much power in decision-making and control over their families. It was concluded that marital relationship and parental coalition as fundamental factors lead to consistency in child rearing, improve parent/adolescent relationships, and bring a better understanding between the two generations. This can help to reduce the gap between them. Parental authority among Iranians seemed to be weak. Iranian parents are advised to set patterns of roles and rules particularly in childhood that bring some obligations and responsibilities during adolescence. This study has implications for counselors. They are advised to focus on identity problem, intergenerational conflicts and gender role expectation. Counselors may lay more emphasis on family value (beliefs) than on behaviors. Special workshops and discussion groups on migration, bi-culturality, and adjustment should be conducted.

Abstrak tesis yang dikemukakan kepada senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafa

**ASIMILASI, GANGGUAN PSIKOLOGIKAL DAN KEFUNGSIAN KELUARGA DALAM  
KALANGAN KELUARGA PENDATANG IRAN DI MANCHESTER, ENGLAND**

Oleh

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Imigrasi ke negara lain yang berlainan budaya menimbulkan krisis imigrasi yang menyebabkan tekanan yang boleh memberi kesan negatif terhadap keluarga. Imigrasi bermakna keluarga berada dalam situasi yang baru di mana nilai, norma, pengalaman dan peranan menjadi persoalan dan ahli keluarga berkonflik antara satu sama lain. Bagi meneruskan kehidupan dalam situasi baru, keluarga boleh berusaha untuk hidup secara harmoni bersama masyarakat tempatan. Oleh sebab nilai dan sistem sosial berbeza, proses asimilasi adalah diperlukan. Berdasarkan masalah yang diutarakan, kajian ini bertujuan untuk mengenalpasti proses asimilasi, mengkaji gangguan psikologikal, serta meneroka pola kefungsiian keluarga pendatang Iran di Manchester, Britain.

Rekabentuk kajian ini adalah kombinasi kaedah kualitatif dan diskriptif yang berdasarkan temubual klinikal dan tinjauan. Kaedah persampelan adalah bertujuan (*purposive*) jenis *snowball*. Sampel kajian terdiri dari 30 keluarga pendatang dari Iran yang mempunyai anak remaja yang tinggal bersama-sama di Manchester, Britain.

Kesemua 30 keluarga bersetuju melibatkan diri dalam kajian ini secara sukarela. Tiga Petunjuk Asimilasi (Cochrane, 1993) digunakan untuk mengukur tahap asimilasi dan Soal Selidik Kesihatan (Goldberg & Hiller, 1979) digunakan untuk menilai gangguan psikologikal. Klinik Piawai Temubual Keluarga (Kinston & Loader, 1984) telah digunakan untuk mengenalpasti pola kefungsiian keluarga dan untuk membandingkan pola kefungsiian keluarga antara keluarga yang sihat dan keluarga yang menghadapi tekanan. Satu model bagi asimilasi dan pola kefungsiian keluarga dalam kalangan keluarga dan dalam setiap strategi asimilasi akhirnya dibentuk.

Analisis diskriptif menunjukkan bahawa anak perempuan lebih berasimilasi berbanding dengan ibu mereka. Wujud tahap asimilasi yang lebih tinggi dalam kalangan ahli keluarga yang sihat berbanding dengan ahli keluarga yang menghadapi tekanan, dan lebih tinggi gangguan psikosomatik dalam kalangan wanita berbanding dengan lelaki. Keluarga yang sihat menunjukkan kurang konflik, lebih kepaduan dan penyesuaian, komunikasi terbuka, lebih kepuasan terhadap hubungan perkahwinan dan terhadap hubungan ibu bapa-remaja, lebih fleksibiliti dari segi peranan keluarga, lebih perkongsian kuasa dan kekonsistenan ibu bapa memelihara anak, dan lebih keselarasan dengan persekitaran. Berdasarkan interaksi antara kefungsiian keluarga dan asimilasi, keluarga yang berasimilasi rendah menunjukkan lebih kepaduan, kekonsistenan ibu bapa memelihara anak, sikap keagamaan, hubungan dengan saudara mara dan masalah berkaitan dengan imigrasi berbanding dengan keluarga yang berasimilasi tinggi. Sebaliknya keluarga yang berasimilasi tinggi menunjukkan lebih fleksibiliti dari segi peranan keluarga, hubungan dengan masyarakat tempatan, dan keselarasan dengan nilai persekitaran.

Penelitian cara asimilasi dalam kalangan keluarga menghasilkan tiga model yang berbeza. Separuh dari keluarga pendatang memilih strategi Dwi-budaya sebagai tindak balas kepada masyarakat tempatan; manakala keluarga pendatang yang lain mengambil strategi pengasingan dan penyisihan. Pola kefungisian keluarga dalam setiap model dibentuk.

Kesimpulannya, kekuatan keluarga yang menjadi tonggak keluarga sihat dapat membantu keluarga pendatang menghadapi situasi kehidupan yang baru dengan jayanya. Dalam kajian ini ibu didapati semakin memperoleh lebih kuasa dalam kefungisian keluarga manakala kuasa bapa dalam membuat keputusan dan kawalan terhadap keluarga semakin berkurang. Hubungan perkahwinan dan persepakatan ibu bapa merupakan faktor asas bagi keselarasan memelihara anak, peningkatan hubungan baik ibu bapa/remaja, dan persefahaman yang lebih baik antara dua generasi. Ini dapat membantu mengurangkan jurang antara mereka. Kewibawaan ibu bapa dalam keluarga Iran dalam menjaga anak didapati agak lemah. Mereka dinasihati untuk menetapkan pola peranan dan peraturan khususnya bagi zaman kanak-kanak yang mampu mewujudkan obligasi dan tanggungjawab semasa zaman remaja. Kajian ini ada implikasi bagi kaunselor. Mereka dinasihati supaya memberi fokus kepada masalah identiti, konflik antara generasi dan harapan terhadap peranan lelaki/wanita. Kaunselor boleh memberi lebih penekanan kepada nilai keluarga (kepercayaan) berbanding dengan tingkah laku. Bengkel yang khusus dan perbincangan berkelompok mengenai migrasi, dwi-budaya, dan penyesuaian perlu dilaksanakan.



## **DEDICATION**

### **To my family**

My mother Eti Alemi  
&  
My husband Sohrab Kaviani  
&  
My children Sara, Sasha, Rozana Kaviani



## ACKNOWLEDGEMENTS

First of all, praise is to “**Allah**” the cherisher, and the sustainer of the world for giving me persistence, determination, health, money, and possibilities to complete this thesis. Then I would like to thank the authorities in the **Ministry of Education** in Malaysia for providing international students with a scientific, peaceful, and beautiful environment. Also many thanks in general to all **Malaysians** and in particular to **UPM** community for their kind hospitality and warm welcoming. They made me feel at my second home and never as a foreigner. I am honored to have studied and lived a part of my life with such civilized and kind people. Despite major differences in culture, each race is contributing positively to the variety and beauty in **Malaysia**; Malays with tolerance, grace, modesty, and ethics; Chinese with vitality and innovation, and Indians with colors in clothes and spices in foods! I will always look back and smile.

Definitely, completion of a PhD thesis is never accomplished through the efforts of one person. There are more people without whose involvement in the process, completion would not have been possible. Some by sharing their academic experience, providing guidance, some with helping me to maintain, in the midst of the academic and personal difficulties that I have had to face over the years of my journey. Others have contributed by demonstrating great patience and love.

My gratitude to the late Associate Professor Dr.**Lily Mastura Harun**, my previous supervisor, who supervised me for half of the duration of my study. She supported me in my most difficult times in the beginning. Always, all my prayers go to her. I am

also appreciative to my supervisor, distinguished **Dr. Halimatun Halaliah Mokhtar**, who guided the project from the time she took over until the completion of the thesis with thoughtful supervision. I sincerely thank her for being present whenever I needed her. Appreciation is extended to Associate Professor Dr. **Mohd. Sahandri Gani Hamzah**, my consultant statistician, for his expertise throughout the statistical work. I would like to give my thanks to **Dr. Maznah Baba**, my other committee member, for her invaluable advice, guiding me with her constructive comments. I am lucky that she finally found some time in her busy schedule, before submission of this thesis.

I would like to express my gratitude to **Dr. Siti Aishah Hassan** for her suggestions in my proposal presentation as she was the examiner. Later on, after final examination, she, as the chairman of examination committee, continued her contribution to this thesis. Her comments enriched the content of this work, and her understanding and knowledge caused me do the corrections in the best way within a short time. I am also grateful to my internal examiners Professor Dr. **Sharifah Mohd. Nor**, Associate Prof. Dr. **Sidek Mohd. Noah**, and external examiner Dr. **Jane A. Warren** for the time they spent on reading and for their constructive feedback. I perceive their contribution to this work as a privilege.

My warm thanks also go to Professor Dr. **Othman Mohamed**. He has been a great resource of knowledge and encouragement in the first year of my study. Many thanks also to Associate Professor Dr. **Azahari Ismail** for lightening my road, and for his useful critique.

Also many warm thanks to Professor **Bagher Sanaii**, the father of family therapy in Iran. He enriched the concepts in theory with providing me with extensive training in family therapy and permitted me to observe his professional skills while counseling families.

I wish to extend my gratitude to Iranian immigrant families who have spent time filling out the questionnaires and participating in interviews. I thank them for their interest and contribution to the study. I could not have completed my task without their cooperation. I would also like to thank all friends and acquaintances who helped me with the hard task of data collection process.

Last but not least, my deepest thankfulness goes to my family. I want to thank my **mother** for her unconditional love, encouragement, and trust throughout my life and this study as well. I am sure there have been many moments that she needed me around her but I was not there. Maybe this academic achievement could have compensated a little of my absence, as it was her wish to see this moment.

I am grateful to my **husband** sincerely. Words are not enough to express the support he has provided all through my study. His fortitude and endurance is highly appreciated, especially for the time I was far from him. Without his emotional support and patience, I could not have been through the most difficult times during the intense period of this study.

Finally, I thank my **children** who believed in the value of higher education and motivated me in tough times. They have always been such great individuals and a

team as well, in my absence. Although they are all grown up and two of them, live separately, but they must have been deprived of the warmth of the family, whenever they got together and I was not there. This is true especially for my first daughter who was also responsible for managing the household most of the time. I am so proud of them.

The completion of this dissertation would not have been possible without help, assistance and support from all of these people.

## APPROVAL

I certify that a thesis Examination Committee has met on 13 October 2010 to conduct the final examination of Mandana Alemi on her thesis entitled “Assimilation, Psychological Distress, and Family Functioning among Iranian Immigrant Families in Manchester, England” in accordance with the universities and university colleges Act 1971 and the constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The committee recommends that the student be awarded the Doctor of Philosophy.

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of **Doctor of Philosophy**. The members of the supervisory Committee were as follows:

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## **DECLARATION**

A declare that the thesis is my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously, and is not currently, submitted for any other degree at Universiti Putra Malaysia or at any other institution.

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**MANDANA ALEMI**

Date:



## TABLE OF CONTENTS

<b>ABSTRACT</b>	<b>Page</b> ii
<b>ABSTRAK</b>	v
<b>DEDICATION</b>	viii
<b>ACKNOWLEDGEMENT</b>	ix
<b>APPROVAL</b>	xiii
<b>DECLARATION</b>	xv
<b>TABLE OF CONTENTS</b>	xvi
<b>LIST OF TABLES</b>	xxiii
<b>LIST OF FIGURES</b>	xxvi

## CHAPTER

<b>1 INTRODUCTION</b>	<b>1</b>
Overview	1
Background of the study	1
Immigration	2
Effects of Immigration on Mental Health	3
Assimilation	4
Relationship between Assimilation and Psychological Distress	5
Family Functioning	6
Family Functioning and Assimilation	7
Statement of the Problem	8
Objectives of the Study	11
General Objective	11
Specific Objectives	11
Research Questions	12
Significance of the Study	12
Delimitations of the Study	13
Definitions of Variables	14
Assimilation	15
Low-assimilated and high-assimilated families	15
Critique of the Concept of "Acculturation"	16
Psychological Distress	17
"Healthy" and "Distressed" Families	17
Critique of the Concept of "Mental Health"	18
Family Functioning	19
Functional and Dysfunctional Families	19
Definition of Terms	20
Conceptual Framework	24
Chapter Summary	27



<b>2</b>	<b>REVIEW OF LITERATURE</b>	<b>28</b>
	Overview	28
	<b>Part I The Iranians</b>	<b>30</b>
	The Iranian Family Structure and Functioning	30
	Cultural Background of Iranian Immigrants	30
	Family Structure in Traditional Iranian Families	31
	The Impact of Modernity on Family Functioning in Iran	32
	Factors Contributing to Migration among Iranians	33
	Assimilation in Iranian Immigrants	35
	Psychological Status of Iranian Immigrants	36
	Family Functioning of Iranian Immigrant Families	37
	<b>Part II Migration</b>	<b>39</b>
	Migration Process and Changes in Immigrant's Life	39
	Physical Changes	40
	Cultural Changes	40
	Social Changes	41
	<b>Part III Assimilation</b>	<b>42</b>
	Factors Contributed to Readjustment	43
	Assimilation Theories	46
	Integration Model	47
	Melting Pot Model	48
	Bi-Cultural/Pluralistic Model	49
	Pathogenic Elements of Assimilation	51
	Culture Shock	52
	Marginalization	53
	Value Conflict	54
	Identity Crises	54
	Nostalgia	55
	<b>Part IV Psychological Distress</b>	<b>56</b>
	Factors Relating to Psychological Distress	56
	Adolescence and Psychological Distress	56
	Age and Psychological Distress	58
	Ethnicity and Psychological Distress	59
	Psychological Distress among Immigrants	60
	Factors related to Psychological Distress among Immigrants	63
	Involuntary Migration	63
	Attitude of Host Society	64
	Lack of Health Care Utilization	64
	Reduction in Social Support	65
	Lack of Employment	66
	Absence of Friends	66
	Ethnic Density	67
	Discrimination	67
	Social Class	68
	New Language	69
	Age	69
	Genders	70
	Psychological Distress between Generations	70
	Psychological Distress between Genders	72

<b>Part V Family Functioning</b>	74
Effects of Migration on Traditional Family Functioning	74
Migration related Stressors Affecting Family Functioning	75
Patterns of Conflict among Immigrant Families	77
Extroverted and Introverted Partners	77
Chang in Traditional Roles	78
Generational Gap	78
Family Structure and Functionality	80
Symmetrical/Complementary Families	80
Centripetal/Centrifugal Families	82
Cohesion/Adaptability	83
Functional and Dysfunctional Family	85
Characteristics of Functional Families	86
Parenting Styles	88
Definition of Family	89
The Family as a System	90
Family System at Secondary School-Age Child Stage	91
Family Functioning and Adolescents' Psychological Distress	94
Cultural Differences in Family System	95
View of Normality	98
Health and Normality	98
Normality in Family Functioning	99
General Systems Theory and its Application to Family Research	101
Family Systems Theory: Concepts	105
Interdependence	105
Wholeness	105
Patterns/Regularities	106
Interactive Complexity	106
Openness	107
Complex Relationships	107
Equifinality	108
Relationship between Family Functioning and Psychological Distress	108
Relationship between Family Functioning and Assimilation	111
Theoretical Framework	112
Chapter Summary	113
 3 <b>METHODOLOGY</b>	117
Overview	117
Design of the Study	117
Population and Sample	118
Sampling Method and Size	119
Inclusion and Exclusion Criteria	120
Instrumentation	120
Standardized Clinical Family Interview (SCFI)	121
General Health Questionnaire (GHQ-28)	122
Three Assimilation Indices (TAI)	125
Cultural Assimilation	125
Identificational Assimilation	126

	Structural Assimilation	126
	Demographic and Consent forms	127
	Pilot Study	127
	Reliability	127
	Interrater Reliability	130
	Data Collection Procedure	131
	The Procedure for Recruiting Respondents	131
	Interview Procedure	133
	Data Analysis	135
	Data from Interview	135
	Scoring the interview	136
	Data from questionnaires	139
	Scoring the instruments	140
4	<b>RESULTS</b>	141
	Overview	141
	<b>Part I Results from Interview</b>	143
	<b>Objective 1</b>	143
	<b>Patterns of Family Functioning among Iranian Immigrant Families</b>	
	Family Definition	143
	Family Cohesion	144
	Togetherness	144
	Cooperative Involvement	145
	Parents' Cooperation	146
	Parent-Adolescent Cooperation	147
	Leisure Time	148
	Households' Responsibilities	152
	Family Authority (decision-making)	153
	Rules and Discipline	155
	Basis of Discipline	155
	Applying the Discipline	156
	Family Conflict	158
	Marital Conflict	158
	Parent-Adolescent Conflict	159
	Value Differences	161
	Relationship with the Social Environment	162
	Relationship with Own Ethnic Group	163
	Relationship with Host Society	164
	Family Religion	165
	Family Difficulties Related to Immigration	166
	<b>Objective 2</b>	169
	<b>The comparison between patterns of Family Functioning of Healthy and Distressed Families</b>	
	Overview	169
	Family Definition	170
	Family Cohesion	170

Togetherness	170
Cooperative Involvement	171
Parents' Cooperation	172
Father-Adolescent Cooperation	172
Mother-Adolescent Cooperation	173
Leisure Time	174
Households' Responsibilities	175
Family Authority (Decision-Making)	176
Rules and Discipline	177
Basis to Discipline	177
Applying the Discipline	178
Family Conflict	179
Marital Conflict	179
Parent-Adolescent Conflict	180
Value Differences	182
Relationship with the Social Environment	182
Relationship with Own Ethnic Group	182
Relationship with Host Society	183
<b>Descriptions of the "Distressed" Families</b>	185
<b>Objective 3</b>	
<b>The assimilation strategies among Iranian immigrant families and the patterns of family functioning in each strategy</b>	199
Bi-Cultural Strategy	199
Separation Strategy	201
Marginalization Strategy	204
<b>Part II Results from Survey</b>	207
Overview	207
<b>Objective 4</b>	
<b>Results on Assimilation</b>	209
Assimilation among Family Members	209
Cultural Assimilation	210
Identificational Assimilation	211
Structural Assimilation	211
Assimilation and Gender	212
Assimilation and Psychological Distress	213
<b>Objective 5</b>	
<b>Results on Psychological Distress</b>	214
Psychological Distress and Generations	214
Psychological Distress and Gender	215
<b>Objective 6</b>	
<b>Results on Family Functioning</b>	216
Family Functioning and Psychological Distress	217
Family Functioning Characteristics of Healthy and Distressed Families	218
Family Functioning and Assimilation	220
Family Functioning Characteristics between Low-Assimilated and High-Assimilated Families	221

<b>5 DISCUSSION, CONCLUSION, AND IMPLICATIONS</b>	<b>224</b>
Introduction	224
<b>Discussion of Findings Derived from the Interview</b>	<b>226</b>
Introduction	226
<b>Discussion of objective 1</b>	<b>227</b>
<b>The patterns of family functioning among family members of Iranian immigrant families</b>	
Overview	227
Family Cohesion	228
Roles and Responsibilities	229
Family Authority (Power)	231
Rules and Discipline	232
Family Conflict	233
Value Differences between two Generations	234
Family Belief System	236
Family Expressiveness and Communication	237
Summary	238
<b>Discussion of objective 2</b>	<b>239</b>
<b>The comparison of patterns of Family Functioning between Healthy and Distressed Families</b>	
<b>Discussion of objective 3</b>	<b>240</b>
<b>The assimilation strategies among Iranian immigrant families and the patterns of family functioning in each model</b>	
Cultural Differences among Families	242
Culture as Context	243
Culture as content	244
<b>Discussion of Findings Derived from Instruments</b>	<b>246</b>
Introduction	246
<b>Discussion of objective 4</b>	<b>247</b>
<b>Result on Assimilation</b>	
Assimilations among Family Members	247
Assimilations and Gender	248
Assimilations and Psychological Distress	249
<b>Discussion of objective 5</b>	<b>250</b>
<b>Result on Psychological distress</b>	
Psychological Distress and Generation	250
Psychological Distress and Gender	251
<b>Discussion of objective 6</b>	<b>252</b>
<b>Results on Family Functioning</b>	
Family functioning and Psychological Distress	253
Family functioning and Assimilation	255
Conclusion	256
Implications	258
Recommendation for Policy Makers	258
Recommendation for Practitioners	259
Recommendation for Iranian Families	260
Recommendation for Future Studies	261
Strengths of the Study	264
Limitations of the Study	266

<b>REFERENCES</b>	268
<b>APPENDICES</b>	296
A    Demographic Characteristics (English)	296
B    Instruments (English)	297
C    Demographic Characteristics (Persian)	316
D    Instruments (Persian)	317
<b>BIODATA OF STUDENT</b>	325